

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FREE DETERMINATION			
O.I.P.E. CLASSIFIER	M.D.W	50	10-27-00
FORMALITY REVIEW	MH	JG 4920	12-11-00
RESPONSE FORMALITY REVIEW			

Best Available Cop

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/22/00
2	✓	✓	5/22/00
3	✓	✓	5/22/00
4	✓	✓	5/22/00
5	=	=	
6	0	0	
7	✓	✓	✓
8	✓	✓	✓
9	0	=	
10	0	=	
11	0	=	
12	✓	✓	✓
13	✓	✓	✓
14	0	0	
15	✓	✓	
16			
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21	✓	0	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	0	0	✓
26	✓	✓	
27	✓	✓	
28	0	0	
29	0	0	0
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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